

EXHIBIT 4

PrimeCare Medical, Inc.
BI WEEKLY TIME SHEET

EMPLOYEE NAME Ernie MAREDA MD FACILITY _____

WEEK ENDING 9/15/07

	DATE	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	REG. HRS	OFF HRS	REASON
			TIME OUT	TIME IN					
SUN									
MON	9/10/07	8:10	3:50				2.75	1.30	BCP
TUE	9/11/07	8:00	1:15				4.25	1.0	DLP
WED	9/12/07	7:40	6:30	3:00	6:00		3.00	1.0	DLP
THU	9/13/07	9:00	12:45				11.00	4.0	DLP
FRI							3.80	5.2	BCP
SAT									
OVERTIME NOT CALCULATED UNTIL WORKED 41 HRS FOR WEEK							WEEKLY TOTAL	31.25	
INDICATE REASON FOR NO HOURS WORKED DAILY FRI. TIME									

WEEK ENDING 9/22/07

	DATE	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	REG. HRS	OFF HRS	REASON
			TIME OUT	TIME IN					
SUN									
MON	9/17/07	9:10	4:00				7.50	1.30	BCP
TUE	9/18/07	8:00	4:30				8.50	4.0	DLP
WED	9/19/07	8:05	3:45				7.00	4.0	DLP
THU									
FRI	9/20/07	8:00	10:45				2.25	5.0	TRCP
SAT			11:00	12:15			1.25	1.0	S4C
OVERTIME NOT CALCULATED UNTIL WORKED 41 HRS FOR WEEK							WEEKLY TOTAL	27.00	
INDICATE REASON FOR NO HOURS WORKED DAILY FRI. TIME									
							GRAND TOTAL	58.25	

Ernie D. Mareda MD

2007/SEP/24/MON 09:18 AM 05 BCP

FAX No. 610 208 4848

P. 002/002

09/24/2007 8:04AM

PrimeCare Medical Inc.
BI WEEKLY TIME SHEET

EMPLOYEE NAME ENDS D. MARTIN, MD

FACILITY _____

WEEK ENDING 9/29/07

	DATE	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	REG HRS	O/T HRS	REASON
			TIME OUT	TIME IN					
SUN									
MON	9/24/07	7:35 am	3:30 pm				8.00	1.30	BCP
TUE	9/25/07	9:50 am	3:05 pm				5.25	.40	DCP
WED	9/26/07	7:30 am	10:05 am	3:30 pm	5:20 pm		2.00	1.0	SGC
THU	9/27/07	7:30 am	10:05 am	1:50 pm	6:15 pm		2.75	.40	DCP
FRI	9/28/07	8:05 am	11:20 am				3.25	.50	FRCP
SAT	9/29/07			12:45 pm	1:15 pm		1.00	1.0	DOP

OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK

INDICATE REASON FOR NO HOURS WORKED ONLY IF FULL-TIME

WEEKLY

TOTAL

26.50

WEEK ENDING 10/6/07

	DATE	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	REG HRS	O/T HRS	REASON
			TIME OUT	TIME IN					
SUN									
MON	10/1/07	9:20 am	5:05 pm				7.75	1.30	BCP
TUE	10/2/07	7:45 am	12:30 pm	1:35 pm	5:05 pm		4.75	1.20	ACACC
WED	10/3/07	7:45 am	10:45 am				3.00	.40	DCP
THU	10/4/07	5:45 pm	7:30 pm				5.00	1.0	DCP
FRI	10/5/07	12 pm		8:00 am	12:45 pm		1.75	.75	SGC
SAT	10/6/07						4.75	.50	FRCP
							1.00	.60	Low Co. Prison

OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK

INDICATE REASON FOR NO HOURS WORKED ONLY IF FULL-TIME

WEEKLY

TOTAL

31.50

GRAND

TOTAL

58.00

Ends D. Martin, MD

PrimeCare Medical, Inc.

BI WEEKLY TIME SHEET

EMPLOYEE NAME ENDS DANIEL MARTIN MD FACILITY

WEEK ENDING 10/13/07

	DATE	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	REG HRS	O/T HRS	REASON
			TIME OUT	TIME IN					
SUN									
MON	10/8/07	9:15am	4:45pm				7.50	130	B.C.P
TUE	10/9/07	8	9:45				1.75	30	Leave Co Prg
			9:45	11am			1.25		Blind Co Prg
WED	10/10/07	11:45am	3:30pm				3.25	10	D.C.P
THU	10/11/07	12 noon	3:30pm				3.25	10	D.C.P
			3:45pm	7pm			3.25	10	S.Y.C
FRI	10/12/07	9am	12 noon				3.00	50	F.R.O.P
			12:30pm	3:30pm			3.25	10	D.C.P
SAT	10/13/07								

OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK

INDICATE REASON FOR NO HOURS WORKED ONLY IF FULL-TIME

WEEKLY TOTAL 26.75

WEEK ENDING 10/20/07

	DATE	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	REG HRS	O/T HRS	REASON
			TIME OUT	TIME IN					
SUN									
MON	10/15/07	7am	3:15pm				8.25	130	B.C.P
			4:30pm	7pm			2.50	50	D.C.P
TUE									
WED	10/17/07	7:15am	10:30am				3.25	40	D.C.P
			2pm	4:45pm			2.75	10	S.Y.C
THU	10/18/07	12pm	12pm				1.00	10	D.C.P
			8am	11am			3.00	50	F.R.O.P
FRI	10/19/07	11:20am	4:05pm				4.75	10	D.C.P
		7:45am	11:45am				4.00	40	D.C.P
SAT									

OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK

INDICATE REASON FOR NO HOURS WORKED ONLY IF FULL-TIME

WEEKLY TOTAL 29.50

GRAND TOTAL 56.25

Ends Martin
10/22/2007 8:26AM

PrimeCare Medical, Inc.

BI WEEKLY TIME SHEET

EMPLOYEE NAME Enos MARTIN M.D.

FACILITY _____

WEEK ENDING 10/27/07

	DATE	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	REG HRS	O/T HRS	REASON
			TIME OUT	TIME IN					
SUN									
MON	10/22/07	8:15am	3:45pm				7.50		BCP
TUE	10/23/07	9:10am	12:25pm				1.25		FRCP
				10:30am	5pm		6.50		FRCP
WED	10/24/07	8:20am	9:50am				1.50		DCA
		6:00am	8:00am				1.75		DCA
THU	10/25/07			9am	3:45pm		6.75		YCP
FRI	10/26/07	6:35am	12:50pm				6.25		DCA
				1:10pm	3:25pm		2.25		Sye
SAT									
WEEKLY TOTAL							33.75		

OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK

INDICATE REASON FOR NO HOURS WORKED ONLY IF FULL-TIME

WEEK ENDING _____

	DATE	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	REG HRS	O/T HRS	REASON
			TIME OUT	TIME IN					
SUN									
MON	10/29/07	7:15am	3:30pm				8.25		BCP
TUE	10/30/07	7:50am	3:00pm				7.25		DCA
WED	10/31/07	9am	4:15pm				7.25		YCP
THU	11/01/07	8:30am	2:30pm				6.00		DCA
FRI	11/02/07	8:30am	12:30pm				4.00		FRCP
			1:05pm	2:50pm			1.75		Sye
SAT									
WEEKLY TOTAL							34.50		
GRAND TOTAL							68.25		

OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK
INDICATE REASON FOR NO HOURS WORKED ONLY IF FULL-TIME

Enos Martin, M.D.

11/05/2007 10:55AM

EMPLOYEE NAME

Enos MARTIN MD

FACILITY

WEEK ENDING

11/10/07

[illegible]

* OVERTIME NOT CALCULATED UNTIL WORKED 45 HRS-FOR WEEK.

* INDICATE REASON FOR NO HOURS WORKED DLY IF FULL-TIME

WEEKLY

35.00

TOTAL

WEEK ENDING

WEEK ENDING 11/17/09

	DATE	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	REG HRS	OFL HRS	REASON
			TIME OUT	TIME IN					
SUN									
MON	11/12/02	7:15a	3:15p				8.00	130	BCP
TUE	11/13/02	9	1p				4.00	50	LV VEC
				2:10p	6:25p		4.25	40	DLP
WED	11/14/02	8:35	4:35p				8.00	60	9CP (12h-12:30-1:15 York 9pm)
				5:15p	7:15p		2.00	40	54C
THU	11/15/02	7:25a	9:25p				2.00	10	DLP
		7:11a	8:30p				1.50	40	DLP
FRI	11/16/02	7:05a	1:05p				6.00	130	BCP
SAT									
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK							WEEKLY TOTAL	35.75	
INDICATE REASON FOR 110 HOURS WORKED ONLY IF FULL-TIME							GRAND TOTAL	70.45	

P. & Mrs. Linn

PrimeCare Medical, Inc.

BI WEEKLY TIME SHEET

EMPLOYEE NAME

Erick MARTIN, MD

FACILITY

WEEK ENDING

11/24/07

	DATE	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	REG HRS	DUTY HRS	REASON
			TIME OUT	TIME IN					
SUN	11/18/07	12:30p	4pm				3.50	4.00	DLP
MON	11/19/07	8am	4:15pm				8.25	13.0	BGP
TUE	11/20/07	2pm	6pm				4.00	5.0	LCYER
WED	11/21/07	7:15a	1:15p				6.00	13.0	BGP
THU	11/22/07	7am	12:15pm				5.25	1.0	DLP
FRI									
SAT		3pm	5pm				2.00	0	LCYER

OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK

INDICATE REASON FOR NO HOURS WORKED ONLY IF FULL-TIME

WEEKLY

TOTAL

33.25

WEEK ENDING

12/1/07

	DATE	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	REG HRS	DUTY HRS	REASON
			TIME OUT	TIME IN					
SUN									
MON	11/26	7:05a	3:05p	4:30p	6:45pm		8.00	13.0	BGP
TUE	11/27/07	8:45	12:45				2.25	1.0	SYR
WED	11/28/07	8:45a	5:45pm	2pm	6pm		3.50	5.0	LCYER
THU	11/29/07	8:30a	11am				4.00	4.0	DLP
FRI	11/30/07	7am	2pm				9.00	6.0	LCYER
SAT	12/1/07	11:35a	3:50pm				2.50	4.0	DLP
							4.00	1.0	DLP
							7.00	13.0	BGP
							4.25	4.0	DLP

OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK

INDICATE REASON FOR NO HOURS WORKED ONLY IF FULL-TIME

WEEKLY

TOTAL

44.50

GRAND

TOTAL

79.75

PrimeCare Medical Inc.

BI WEEKLY TIME SHEET

EMPLOYEE NAME EWOS MARTIN, MD FACILITY _____WEEK ENDING 12/8/07

	DATE	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	REG HRS	O/T HRS	REASON
			TIME OUT	TIME IN					
SUN									Did not work
MON	12/3/07	7:05a	8:05a				10.00	130	BCP
TUE	12/4/07	9:05a	12:20				4.25	50	LCYER
			2:50	7:05			4.25	40	DCP
WED	12/5/07	8:00a	8:55a				6.00	60	YCP
THU	12/6/07	6:05a	7:35a				1.50	10	SYL
			7:45a	8:45a			1.00	10	DCP
FRI									
SAT									

OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK

INDICATE REASON FOR NO HOURS WORKED ONLY IF FULL-TIME

WEEKLY TOTAL 29.25WEEK ENDING 12/15/07

	DATE	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	REG HRS	O/T HRS	REASON
			TIME OUT	TIME IN					
SUN									
MON	12/10/07	7:05a	3:05a				8.00	130	BCP
TUE	12/11/07	9:05a	1:10p				3.45	50	LCYER
			1:55	5:40			3.75	40	DCP
WED	12/12/07	9a	4:15p				7.25	60	YCP
			5:10	6:25			1.25	20	SYL
THU	12/13/07	6:30a	9:30				3.00	10	DCP
		7a	1p				6.00	130	BCP
FRI	12/14/07	4:10p	7:40				1.50	10	PRCP
							3.50	10	DCP
SAT									

OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK

INDICATE REASON FOR NO HOURS WORKED ONLY IF FULL-TIME

WEEKLY TOTAL 38.00GRAND TOTAL 67.25

PrimeCare Medical Inc.

BIWEEKLY TIME SHEET

EMPLOYEE NAME

EDWARD D. MARTINEZ

FACILITY

WEEK ENDING

12/22/07

Diane Traylor

	DATE	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	REG HRS	OFR HRS	REASON
			TIME OUT	TIME IN					
SUN									
MON	12/18/07	7:15p	3:15p				8.00	1.30	BCP
TUE	12/19/07	9am	11:30a				2.50	5.0	LCYER
			12:45	5:15p			5.00	4.0	DCP
WED	12/20/07	8:15a	3:15p				6.50	5.0	YCP
THU	12/21/07	7:15a	10:05a				3.00	4.0	DCP
FRI	12/22/07	1:10p	4:25p				3.25	4.0	DCP
SAT	12/23/07	10:10a	4:45p				6.50	1.30	BCP

OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK

INDICATE REASON FOR NO HOURS WORKED ONLY IF FULL-TIME

WEEKLY TOTAL

39.25

WEEK ENDING

12/29/07

	DATE	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	REG HRS	OFR HRS	REASON
			TIME OUT	TIME IN					
SUN									
MON	12/24/07	7am	1:45p				6.25	1.30	BCP
			2:45p	7:15p			4.50	2.0	DCP
TUE	12/25/07	7am	10am				3.00	4.0	DCP
WED	12/26/07	9am	3:30p				6.50	5.0	YCP
THU	12/27/07	9:25a	6:55p				4.00	5.0	LCYER
			2:15	4pm			1.75	4.0	FRCP
FRI	12/28/07	4:30	5:35p				1.75	1.0	DCP
		8:45a	3:15p				6.50	1.30	BCP
SAT	12/29/07	6:45p	9pm				2.00	2.0	SYC
			4:35p	6:35p			2.25	1.0	DCP

OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK

INDICATE REASON FOR NO HOURS WORKED ONLY IF FULL-TIME

WEEKLY TOTAL

38.00

GRAND TOTAL

77.25

G1 - M. L. M.

2007/DEC/03 MON 09:21 AM 05 BCP

FAX No. 610 208 4848

P. 001/001

PrideCare Medical, Inc.
BI WEEKLY TIME SHEETEMPLOYEE NAME: EMIL MARTIN, MD

FACILITY

REG. ENDING: 11/24/07

DATE	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	REG HRS	OVR HRS	REASON
		TIME OUT	TIME IN					
SUN 11/25/07	12:30p	4pm				3.50		DCP
MON 11/26/07	8am	4:45pm				8.25		RCP
TUE 11/27/07	2pm	6pm				4.00		LCVDC
WED 11/28/07	7am	12:15pm				5.25		RCP
THU 11/29/07	7am	12:15pm				5.25		DCP
FRI 11/30/07								
SAT 12/01/07	3am	5pm				2.00		ECR
OVERTIME NOT CALCULATED UNTIL WORKED 4 HRS FOR WEEK						WEEKLY TOTAL	35.25	
OVERTIME REASON FOR HOURS WORKED ONLY FULL-TIME								

WEEK ENDING: 12/11/07

DATE	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	REG HRS	OVR HRS	REASON
		TIME OUT	TIME IN					
SUN 12/02/07								
MON 12/03/07	7:05a	3:05p	4:30p	6:45p		8.00		RCP
TUE 12/04/07	8:45	12:45p	2pm	6pm		2.25		SYR
WED 12/05/07	8:45a	5:15pm				3.50		LCVDC
THU 12/06/07	8:30a	11am	9:15p	6:15pm		4.00		DCP
FRI 12/07/07	7am	2pm				4.00		DCP
SAT 12/08/07	11:35am	3:50p				2.00		RCP
SUN 12/09/07						4.25		DCP
OVERTIME NOT CALCULATED UNTIL WORKED 4 HRS FOR WEEK						WEEKLY TOTAL	44.50	
OVERTIME REASON FOR HOURS WORKED ONLY FULL-TIME								
						GRAND TOTAL	79.75	

Emil Martin

8/MON 08:27 AM

P. 001/001

PRIME CARE MEDICAL, INC.

BI WEEKLY TIME SHEET SUN-SAT								
EMPLOYEE NAME: <u>Erin D. MARTIN</u>					FACILITY: <u>BERKS COUNTY PRISON</u>			
WEEK ENDING <u>5/24/08</u>								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL OTH HRS	REASON
		TIME OUT	TIME IN					
SUN								
MON								
TUE								
WED	8:45a	4:15p				8.00	40	DCP
THU	8:30a	4:30p	4:30p	12:15p		1.75	10	S4P
			5:20p	5:30p		1.25	15	LCYER
FRI	9:00a	5:00p				10.00	40	DCP
SAT								
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK						WEEKLY TOTAL	29.00	
WEEK ENDING <u>5/31/08</u>								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL OTH HRS	REASON
		TIME OUT	TIME IN					
SUN								
MON	9:20a	5:20p	6:10	7:40p		8.00	130	BGP
						1.50	15	LCYER
TUE	7:00	3:30p				8.50	40	DCP
WED	9:30	10:15a				1.75	50	LCYER
			11:45	1pm		1.05	50	S4P
THU	11:15p	6:45p	6:05	6:30p		5.50	10	DCP
						.50	40	DCP
FRI								
SAT								
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK						WEEKLY TOTAL	26.00	
INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME						GRAND TOTAL	55.00	
Supervisor's Approval					Employee's Signature			

2 32.50
 9 3.00
 5 17.00
 9 2.50

17-2008-TUE 08:21 AM 02DCP

FAX No. 17175581117

P. 001/001

PRIME CARE MEDICAL, INC.

BI WEEKLY TIME SHEET SUN-SAT								
EMPLOYEE NAME: <u>PAUL D. MARTIN, MD</u>					FACILITY: <u>BERKS COUNTY PRISON</u>			
WEEK ENDING <u>6/17/08</u>								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
		TIME OUT	TIME IN					
SUN								
MON	8:15a	4:30p				8.25	130	B/C P
TUE	10:15	4:15p				6.00	40	D/C P
WED	9:30	11:35a				2.25	50	L/C YER
THU	4p	5p	1p	3:15p		1.00	40	S/C P
FRI	5:30	6:15p	5:00p	5:30p		4.50	10	D/C P - WR
SAT	7:30a	9a	6:30p	9:00p		2.50	5	D/C P
			5:00p	5:45p		2.00	40	D/C P
						2.25	2.5	L/C YER
*OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK						WEEKLY TOTAL	26.25	
*INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME								
WEEK ENDING								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
		TIME OUT	TIME IN					
SUN								
MON	8:15a	5:15p				9.00	130	B/C P
TUE	9:20a	5:20p				8.00	40	D/C P
WED	9:10a	11:10a				2.00	50	L/C YER
THU	5:15a	6:30p	12:15p	5p		4.75	40	D/C P
FRI						1.25	10	S/C P
SAT								
*OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK						WEEKLY TOTAL	25.00	
*INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME								
						GRAND TOTAL	51.25	
Supervisor's Approval					Employee's Signature			

06/17/2008 8:20AM

PCM 07459

PRIME CARE MEDICAL, INC.

BI WEEKLY TIME SHEET SUN-SAT								
EMPLOYEE NAME: <u>EMERSON D MARTIN, MD</u>					FACILITY: <u>BERKS COUNTY PRISON</u>			
WEEK ENDING <u>6/21/08</u>								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
		TIME OUT	TIME IN					
SUN								
MON								
TUE 6/19/08	8:10am	11:05am		12:00pm		3.75		D.C.P.
				1:30pm		1.50		S.F.P.
WED	1:40pm	4:25pm				2.75		D.C.P.
	8am	4:30pm				8.50		B.C.P.
THU	9:45am	3:15pm				5.50		D.C.P.
FRI	9:30am	11:45pm				2.25		L.Y.E.P.
			3:25pm	4:25pm		1.00		D.C.P.
SAT	2:00pm	2:15pm				.25		L.C.Y.E.K.
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK					WEEKLEY TOTAL	25.50	25.50	
INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME								
WEEK ENDING <u>6/28/08</u>								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
		TIME OUT	TIME IN					
SUN	8:25am	9:25am				1.00		D.C.P.
MON	8:20am	5:05pm				8.75		B.C.P.
TUE	9:10am	5:25pm				8.25		D.C.P.
WED	9:05am	11:35am				2.50		L.L.Y.B.K.
			1:10pm	5:35pm		4.75		D.C.P.
THU	4:40pm	6:40pm				2.00		S.F.P.
			6:45pm	7pm		.25		D.C.P.
FRI 6/27/08	12:25am	10:25am				3.00		D.C.P.
SAT								
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK					WEEKLEY TOTAL	30.50		
INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME								
					GRAND TOTAL	56.00		
Supervisor's Approval					Employee's Signature <u>Emerson D Martin MD</u>			

06/27/2008 10:27AM

PRIME CARE MEDICAL, INC.

BI WEEKLY TIME SHEET SUN-SAT								
EMPLOYEE NAME: <u>Bruce D. Markman</u>				FACILITY <u>BERKS COUNTY PRISON</u>				
WEEK ENDING <u>7/19/08</u>								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
		TIME OUT	TIME IN					
SUN								
MON <u>7/14/08</u>	<u>12:45p</u>	<u>6pm</u>				<u>5.75</u>	<u>130</u>	<u>BGP</u>
TUE <u>7/15/08</u>	<u>9:30a</u>	<u>5:30p</u>				<u>8.00</u>	<u>50</u>	<u>DGP</u>
WED <u>7/16/08</u>	<u>9:40a</u>	<u>12:40p</u>				<u>3.00</u>	<u>50</u>	<u>LCY2P</u>
THU	<u>6:55p</u>	<u>8:55p</u>	<u>11:30p</u>	<u>4:45p</u>		<u>3.25</u>	<u>40</u>	<u>DGP</u>
FRI	<u>6:40a</u>	<u>9:30a</u>	<u>7am</u>	<u>11:30a</u>		<u>2.00</u>	<u>10</u>	<u>SYC</u>
SAT <u>7/19</u>						<u>4.50</u>	<u>130</u>	<u>BGP</u>
						<u>3.00</u>	<u>40</u>	<u>DGP</u>
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK						WEEKLEY TOTAL	<u>29.00</u>	
INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME								
WEEK ENDING <u>7/26</u>								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
		TIME OUT	TIME IN					
SUN								
MON <u>7/21/08</u>	<u>9:00a</u>	<u>2:40p</u>				<u>3.50</u>	<u>50</u>	<u>LCY</u>
TUE <u>7/22/08</u>	<u>8:45a</u>	<u>9:15a</u>				<u>.50</u>	<u>40</u>	<u>DGP</u>
WED	<u>9:40a</u>	<u>11:55a</u>	<u>1:50p</u>	<u>6:50p</u>		<u>5.00</u>	<u>40</u>	<u>DGP</u>
THU	<u>7:20a</u>	<u>8:50p</u>	<u>12:05p</u>	<u>6:05p</u>		<u>8.25</u>	<u>50</u>	<u>LCY2P</u>
FRI	<u>7a</u>	<u>9a</u>	<u>9:00p</u>	<u>9:30p</u>		<u>6.00</u>	<u>10</u>	<u>LCY</u>
SAT	<u>7:25a</u>	<u>12:05p</u>	<u>6:15p</u>	<u>8:45p</u>		<u>1.50</u>	<u>40</u>	<u>SYC</u>
						<u>.50</u>	<u>10</u>	<u>DGP</u>
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK						WEEKLEY TOTAL	<u>30.75</u>	
INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME								
						GRAND TOTAL	<u>59.75</u>	
Supervisor's Approval				Employee's Signature				

07/28/2008 9:48AM

PCM 07461

AUG/25/2008/MON 07:45 AM 05 BCP

FAX No. 610 208 4848

P. 041

PRIME CARE MEDICAL, INC.

BI WEEKLY TIME SHEET SUN-SAT								
EMPLOYEE NAME: <u>ENDS MARTHA, RP</u>					FACILITY <u>BERKS COUNTY PRISON</u>			
WEEK ENDING <u>8/16/08</u>								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
		TIME OUT	TIME IN					
SUN							<u>Mileage</u>	
MON	<u>9am</u>	<u>5pm</u>				<u>8.00</u>	<u>30</u>	<u>LCP</u>
TUE	<u>7:52a</u>	<u>11:25a</u>				<u>3.25</u>	<u>40</u>	<u>DGP</u>
			<u>11:55a</u>	<u>1pm</u>		<u>1.75</u>	<u>10</u>	<u>SPE</u>
WED	<u>11:05pm</u>	<u>5:05pm</u>				<u>4.00</u>	<u>40</u>	<u>DGP</u>
	<u>7:02a</u>	<u>3:10pm</u>				<u>8.00</u>	<u>110</u>	<u>BCP</u>
THU			<u>4:00</u>	<u>4:30pm</u>		<u>.50</u>	<u>10</u>	<u>LXRE</u>
	<u>9:20a</u>	<u>4:20pm</u>				<u>7.00</u>	<u>60</u>	<u>YEP</u>
FRI	<u>7am</u>	<u>12:15a</u>				<u>5.25</u>	<u>40</u>	<u>DGP</u>
SAT								
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK						WEEKLY TOTAL	<u>37.75</u>	
INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME								
WEEK ENDING <u>8/23/08</u>								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
		TIME OUT	TIME IN					
SUN							<u>Mileage</u>	
MON	<u>7a</u>	<u>3:15</u>				<u>8.25</u>	<u>110</u>	<u>BCP</u>
TUE	<u>8:30am</u>	<u>4:45pm</u>				<u>8.25</u>	<u>40</u>	<u>BCP</u>
WED	<u>12:40p</u>	<u>1:55pm</u>				<u>1.25</u>	<u>50</u>	<u>DGP</u>
			<u>2pm</u>	<u>5:45pm</u>		<u>1.75</u>	<u>10</u>	<u>LXRE</u>
THU	<u>5:25p</u>	<u>6:50pm</u>				<u>1.75</u>	<u>40</u>	<u>SPE</u>
FRI	<u>9:30a</u>	<u>2:35pm</u>				<u>5.25</u>	<u>40</u>	<u>DGP</u>
SAT								
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK						WEEKLY TOTAL	<u>26.50</u>	
INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME								
						GRAND TOTAL	<u>64.25</u>	
Supervisor's Approval					Employee's Signature <u>Ends Martha</u>			

08/25/2008 7:42AM

PCM 07463

08/08/2008/MON 07:50 AM 05 BCP

FAX No. 610 208 4848

P. 001/001

PRIME CARE MEDICAL, INC.

BI WEEKLY TIME SHEET SUN-SAT								
EMPLOYEE NAME: <u>WRS MARTIN, MD</u>					FACILITY: <u>BERKS COUNTY PRISON</u>			
WEEK ENDING <u>Aug 30, 2008</u>								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
		TIME OUT	TIME IN					
SUN								
MON 8/19/08	7:20	4:45				8.75	1.0	BCP
TUE 8/26	10:05	11:35	1:15	6:15		1.50	.50	LCYEL
WED 8/27	7:10	2:10				5.00	.40	BCP
THU 8/28	7:10	2:10	4:15	4:40		7.00	.40	BCP
FRI 8/29	6:30					.25	.50	LCYEL
SAT 8/30	6:30					1.50	.40	SYC
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK						2.00	.70	BCP
INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME						WEEKLY TOTAL	26.00	
WEEK ENDING <u>Sept. 6, 2008</u>								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
		TIME OUT	TIME IN					
SUN	9:30	10:30				1.00	.40	BCP
MON 9/1	7:10	3:00				7.75	1.0	BCP
TUE 9/2	1:15	3:15	4:00	6:00		2.00	.50	LCYEL
WED 9/3	7:45	3:45				2.00	.40	BCP
THU 9/4	7:45	3:45	3:55	5:10		8.00	.40	BCP
FRI 9/5	7:30	12:45				1.25	.10	SYC
SAT 9/6						3.25	.40	BCP
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK						WEEKLY TOTAL	25.25	
INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME						GRAND TOTAL	51.25	
Supervisor's Approval					Employee's Signature			

09/08/2008 7:47AM

PCM 07464

PRIME CARE MEDICAL, INC.

BI-WEEKLY TIME SHEET SUN-SAT								
EMPLOYEE NAME: <u>ENIX MARTIN, MD</u>					FACILITY: <u>BERKS COUNTY PRISON</u>			
WEEK ENDING <u>9/13/08</u>								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
		TIME OUT	TIME IN					
SUN								
MON <u>9/8/08</u>	7:30a	3:30p				8.00	110	BCE
TUE	7:00a	2:00p	3:00pm	4:30p		7.00 1.50	40 50	BCE LCYCL
WED	7:00a	1:15p	1:35p	3:20p		6.25 1.75	40 10	BCE BCE
THU								
FRI	2:30p	4:05p				1.75	40	BCE
SAT <u>9/13/08</u>								
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME						WEEKLY TOTAL	26.25	
WEEK ENDING <u>9/20/08</u>								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
		TIME OUT	TIME IN					
SUN								
MON <u>9/15/08</u>	7:15a	3:30p	4:30pm	6:30p		8.25 2.50	110 10	BCE LCYCL
TUE <u>9/16/08</u>	7:20a	4:20p				2.00 5.75	40 40	BCE BCE
WED <u>9/17/08</u>	6:45pm	8pm	1:15pm	1:45pm		1.25 .50	40 50	BCE LCYCL
THU <u>9/18/08</u>	8:15a	9:30pm				1.25 4.00	40 40	BCE BCE
FRI <u>9/19/08</u>								
SAT <u>9/20/08</u>								
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME						WEEKLY TOTAL	25.00	
						GRAND TOTAL	51.25	
Supervisor's Approval					Employee's Signature <u>Enix Martin, MD</u>			

PRIME CARE MEDICAL, INC.

BI WEEKLY TIME SHEET SUN-SAT								
EMPLOYEE NAME: <u>Ernest D. Martin, MD</u>					FACILITY: <u>BERKS COUNTY PRISON</u>			
WEEK ENDING <u>9/27/08</u>								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
		TIME OUT	TIME IN					
SUN							11.60	
MON 9/22/08	7:55	4:10 pm		5:05 pm	6:00 pm	8.25	1.25	BCE
TUE	7:00	1:20 pm				6.00	4.00	DCE
WED	8:40	3:10				6.50	4.00	DCE
THU	4:15	1:10 pm		1:50 pm	2:35 pm	4.25	4.00	DCE
FRI	9:05	12:15				1.00	4.00	DCE
SAT 9/27/08	7:00	7:30				5.00	5.00	LCYCE
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK						WEEKLY TOTAL	28.50	
INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME								
WEEK ENDING <u>10/4/08</u>								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
		TIME OUT	TIME IN					
SUN							11.60	
MON 9/29	6:50	2:20 pm				7.50	1.00	BCE
TUE 9/30	10:30	11:30 am				1.00	4.00	DCE
WED 10/1	7:15	12:15		1:00	3:00	5.00	4.00	DCE
THU 10/2	6:10	8:10		10:50	6:30 pm	2.00	4.00	LCYCE
FRI 10/3						7.50	4.00	DCE
SAT 10/4								
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK						WEEKLY TOTAL	25.00	
INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME								
05 - 15.75						GRAND TOTAL	53.50	
09 - 3.75								
02 - 31.25								
19 - 2.75								
Supervisor's Approval						Employee's Signature		

PRIME CARE MEDICAL, INC.

BI WEEKLY TIME SHEET SUN-SAT

EMPLOYEE NAME: ENDS MARTIN MDFACILITY BERKS COUNTY PRISONWEEK ENDING 10/11/08

DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
		TIME OUT	TIME IN					
SUN							14.625	
MON 10/6/08	8:20	4:30	5:25	11:10		8.00	1.00	BCE
TUE 10/7/08	7:00	3:00				1.75	1.0	LCP
WED 10/8/08	7:45	2:00	2:25	3:25		8.00	4.0	DCE
THU 10/9/08	6:15	6:30				6.25	4.0	DCE
FRI 10/10/08						1.00	1.0	SCE
SAT 10/11/08	9:15	10:30				.25	4.0	DCE

*OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK

*INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME

WEEKLY TOTAL

26.50

WEEK ENDING 10/18/08

DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
		TIME OUT	TIME IN					
SUN 10/12/08							14.625	
MON 10/13/08	7:35	4:25	5:10	6:55		8.50	1.0	BCE
TUE 10/14/08	7:15	12:15				1.75	1.0	LCP
WED 10/15/08	5:25	9:25				5.00	4.0	DCE
THU 10/16/08	6:50	8:50	3:10	4:40		4.00	4.0	DCE
FRI 10/17/08	10:50	3:35				2.00	4.0	SCE
SAT 10/18/08						1.50	4.0	DCE

*OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK

*INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME

WEEKLY TOTAL

27.50

GRAND TOTAL

54.00

Supervisor's Approval

Employee's Signature



05 - 16.50
 09 - 3.50
 02 - 31.50
 19 - 2.50 1.54

11/03/2008/MON 09:02 AM 05 BCP

FAX No. 610 208 4848

P.002

PRIME CARE MEDICAL, INC.

BI WEEKLY TIME SHEET SUN-SAT								
EMPLOYEE NAME: <u>EMER MARY TALLMAN</u>					FACILITY: <u>BERKS COUNTY PRISON</u>			
WEEK ENDING <u>10/25/08</u>								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL OVI HRS	REASON
		TIME OUT	TIME IN					
SUN							<u>Relay</u>	
MON <u>10/27/08</u>	<u>7:20a</u>	<u>4:05pm</u>				<u>8.75</u>	<u>110</u>	<u>BCP</u>
TUE <u>10/28</u>	<u>7:30a</u>	<u>4:15pm</u>				<u>8.75</u>	<u>40</u>	<u>DLP</u>
WED <u>10/29</u>	<u>7:35a</u>	<u>1:33pm</u>	<u>1:50pm</u>	<u>4:50pm</u>		<u>6.00</u>	<u>40</u>	<u>DLP</u>
THU	<u>6pm</u>	<u>7:45pm</u>				<u>1.95</u>	<u>00</u>	<u>CCYER</u>
FRI								
SAT								
*OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK						WEEKLEY TOTAL	<u>27.75</u>	
*INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME								
WEEK ENDING <u>11/1/08</u>								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL OVI HRS	REASON
		TIME OUT	TIME IN					
SUN							<u>Relay</u>	
MON								
TUE								
WED <u>11/3/08</u>	<u>6:40a</u>	<u>5:40pm</u>				<u>11.00</u>	<u>40</u>	<u>DLP</u>
THU <u>11/3/08</u>	<u>7a</u>	<u>10a</u>				<u>1.0</u>	<u>40</u>	<u>DLP</u>
FRI <u>11/3/08</u>	<u>7:10am</u>	<u>3:30pm</u>	<u>4pm</u>	<u>5:30pm</u>		<u>8.20</u>	<u>110</u>	<u>BCP</u>
SAT <u>11/3/08</u>	<u>6:10pm</u>	<u>8:10pm</u>	<u>8:15pm</u>	<u>9:15pm</u>		<u>1.00</u>	<u>40</u>	<u>CCYER</u>
*OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK						WEEKLEY TOTAL	<u>24.50</u>	
*INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME								
						GRAND TOTAL	<u>52.25</u>	
Supervisor's Approval					Employee's Signature <u>EMER MARY TALLMAN</u>			

11/03/2008 7:58AM

PCM 07468

PRIME CARE MEDICAL, INC.

BI WEEKLY TIME SHEET SUN-SAT

EMPLOYEE NAME: EDDIE D. MARCHANDFACILITY BERKS COUNTY PRISONWEEK ENDING 11/8/08

DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
		TIME OUT	TIME IN					
SUN								
MON 11/3/08	7:30a	4:15p	5:00p	5:15p		8.75	1.00	RCP
TUE 11/4/08	12:40p	1:40p	2:40p	5:45p		1.00	.50	LCYER
WED 11/5/08	7:15a	5:15p				3.00	.40	DGP
THU 11/6/08	1:15p	3:45p				19.00	.40	DGP
FRI								
SAT 11/8/08								
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK						WEEKLY TOTAL	25.50	
INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME								

WEEK ENDING 11/15/08

DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
		TIME OUT	TIME IN					
SUN								
MON	7:30a	4p				8.50	1.00	BGP (Hunters)
TUE	1:20p	5:50p				4.50	.40	DGP
WED	7am	3pm				8.00	.40	DGP
THU	1:35p	5:35p				2.00	.40	STC
FRI	10:45a	12:45p				2.00	.50	LCYER
SAT								
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK						WEEKLY TOTAL	25.00	
INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME						GRAND TOTAL	50.50	

Supervisor's Approval

Employee's Signature

02 25.50
 05 17.25
 19 4.50
 69 3.25 / 50.50

PRIME CARE MEDICAL, INC.

BI WEEKLY TIME SHEET SUN-SAT

EMPLOYEE NAME: Ernest MARTEN, M.D.FACILITY BERKS COUNTY PRISONWEEK ENDING 11/22/08

DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
		TIME OUT	TIME IN					
SUN								
MON 11/17/08	7:20a	3:35p				8.25	110	BCP
TUE	1:40p	3:10				1.50	0.50	SYE
WED	7:00a	6:15p				11.25	40	BCP
THU								
FRI	8:15a	12:15p				4.00	120	ACACC
SAT 11/22/08	9:40a	11:40a	4:55p	6:55p		2.00	40	SYE
						2.00	40	BCP
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK					WEEKLY TOTAL	29.00		
INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME								

WEEK ENDING 11/29/08

DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
		TIME OUT	TIME IN					
SUN								
MON	7a	3:30p				8.50	110	BCP
TUE	8a	12:00p	12:50p	4:50p		4.00	110	ACACC
						4.00	40	BCP
WED	8a	6p				10.00	40	BCP
THU 11/27/08	8:55	9:55a				1.00	40	BCP
			10:10	10:55		.75	10	SYE
FRI 11/28/08	3p	4:45p				1.75	50	8LCYER
SAT 11/29								
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK					WEEKLY TOTAL	30.00		
INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME					GRAND TOTAL	59.00		

Supervisor's Approval

Employee's Signature

Ernest Marten, M.D.

PRIME CARE MEDICAL, INC.

BI WEEKLY TIME SHEET SUN-SAT								
EMPLOYEE NAME: <u>BONDS D. MARSHALL, MD</u>					FACILITY <u>BERKS COUNTY PRISON</u>			
WEEK ENDING _____								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
		TIME OUT	TIME IN					
SUN								Message
MON 12/11	4 am	5 am				1.0	4.0	DCP
			7:30 am	4 pm		8.5	1.0	BCP
TUE 12/2	11:55 am	2:25 pm				2.5	5.0	LCYER
			3:30 pm	6:15 pm		2.75	4.0	DCP
WED 12/3	4 am	10 am				3.00	4.0	DCP
			11:45 am	4 pm		4.25	4.0	DCP
THU 12/4	4:05 pm	6:05 pm				2.00	5	SYE
			6:10 pm	6:40 pm		1.50	5	DCP
FRI 12/5	10 am	1:15 pm				3.25	4.0	DCP
SAT 12/6								
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK					WEEKLEY TOTAL	27.75		
INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME								
WEEK ENDING _____								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
		TIME OUT	TIME IN					
SUN								
MON 12/13	7:00 am	3:55 pm				8.5	1.0	BCP
TUE	1 pm	3:15 pm				2.25	3.0	LCYER
			4:50 pm	6:30 pm		1.50	4.0	DCP
WED	4 am	3:45 pm				8.75	4.0	DCP
			4 pm	6 pm		2.00	1.0	SYE
THU	12 noon	3:30 pm				3.50	4.0	DCP
FRI								
SAT								
OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK					WEEKLEY TOTAL	26.50		
INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME								
					GRAND TOTAL	54.25		
Supervisor's Approval _____					Employee's Signature <u>[Signature]</u>			

02 - 28.5
05 - 17.0
19 - 4.0
09 - 4.75

PRIME CARE MEDICAL, INC.

BI WEEKLY TIME SHEET SUN-SAT								
EMPLOYEE NAME: <u>ENDS D. MARTEN, MD</u>					FACILITY: <u>BERKS COUNTY PRISON</u>			
WEEK ENDING <u>12/20/08</u>								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
		TIME OUT	TIME IN					
SUN	8:30	9:30				1.00	40	DGP
MON 12/15/	7:45	4 pm				8.75	110	BCP
TUE 12/16/	7:30	1:35 pm	2:20 pm	3:50 pm		6.00	40	DGP
WED 12/17/	7:10	1:25 pm	1:40 pm	3:10 pm		1.50	50	LCYEE
THU 12/18/						6.25	40	DGP
FRI 12/19/	7:10	1:10 pm				1.50	10	SGC
SAT 12/20/						3.00	40	DGP
*OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK						WEEKLEY TOTAL	28.00	
*INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME								
WEEK ENDING <u>12/27/08</u>								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
		TIME OUT	TIME IN					
SUN								
MON	7:40	6:40 pm				9.00	110	BCP
TUE	7:15	6:15 pm				11.00	40	DGP
WED	6:50	1:50 pm	2 pm	3:15 pm		7.00	40	DGP
THU 12/25/						1.25	10	SGC
FRI 12/26/								
SAT 12/27/	11:00	11:30 am				.50	50	LCYEE
*OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK						WEEKLEY TOTAL	28.75	
*INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME						GRAND TOTAL	56.75	
Supervisor's Approval					Employee's Signature			

34.25
17.75
2.75
2.0

PRIME CARE MEDICAL, INC.

BI WEEKLY TIME SHEET SUN-SAT								
EMPLOYEE NAME: <u>Enos D. MARTEN, MD</u>					FACILITY: <u>BERKS COUNTY PRISON</u>			
WEEK ENDING <u>1/3/09</u>								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
		TIME OUT	TIME IN					
SUN								
MON <u>12/29/08</u>	<u>7:30a</u>	<u>4:15p</u>				<u>8.75</u>	<u>110</u>	<u>BCP</u>
TUE	<u>7:50a</u>	<u>5:05p</u>				<u>9.25</u>	<u>40</u>	<u>BCP</u>
WED	<u>7:35a</u>	<u>12:50p</u>				<u>5.25</u>	<u>40</u>	<u>BCP</u>
THU								
FRI	<u>11:20a</u>	<u>01:35p</u>				<u>2.25</u>	<u>40</u>	<u>Syr</u>
SAT	<u>5:50a</u>	<u>1:00p</u>				<u>1.50</u>	<u>50</u>	<u>LYZ</u>
*OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK						WEEKLY TOTAL	<u>27.00</u>	
*INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME								
WEEK ENDING <u>1/10/09</u>								
DAY OF WEEK	TIME IN	MEAL BREAK		TIME OUT	SHIFT WORKED	TOTAL REG HRS	TOTAL O/T HRS	REASON
		TIME OUT	TIME IN					
SUN	<u>6:50a</u>	<u>8:50a</u>				<u>2.00</u>	<u>40</u>	<u>BCP</u>
MON	<u>7:30a</u>	<u>2:30p</u>				<u>7.00</u>	<u>110</u>	<u>BCP</u>
TUE	<u>8a</u>	<u>4:30p</u>				<u>8.50</u>	<u>40</u>	<u>BCP</u>
WED	<u>7:15a</u>	<u>10:45p</u>				<u>3.50</u>	<u>40</u>	<u>BCP</u>
THU <u>1/8/09</u>	<u>7:30a</u>	<u>10:30p</u>				<u>3.00</u>	<u>40</u>	<u>BCP</u>
FRI								
SAT								
*OVERTIME NOT CALCULATED UNTIL WORKED 40 HRS FOR WEEK						WEEKLY TOTAL	<u>29.25</u>	
*INDICATE REASON FOR NO HOURS WORKED IF FULL-TIME								
						GRAND TOTAL	<u>56.25</u>	
Supervisor's Approval					Employee's Signature			

34.50
15.75
4.0
2.0
6.25